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ACUTE INFLAMMATION OF THE LIVER.

BY G. P. BISSELL, M. D.

THIS disease is always ushered in by a marked chill, and more or less pain, generally acute, sometimes only dull, in the right hypochondriac region, followed by a fever of pronounced remittent type. I speak more from what I have seen than from notions drawn from elsewhere, when I say that if one will attend to the remittent character of the fever, and to the localized pain, he can never mistake it. More especially is this the case when I say that I have never seen it in regions where common remittent fever prevailed. The pronounced chill and localized pain should render the diagnosis easy, early. I have always seen it in the first cool weather after a heated term, most commonly in autumn, but not necessarily so, therefore I judge the exciting cause to be heat, followed by cool weather. The more remote causes I judge to be a less degree of malarial poison than suffices to establish proper remittent fever, or even intermittent conjoined with altitude, of which last more anon.

If it is understood that I speak from my own narrow personal observation, and that I do so designedly, it may mollify any adverse criticism.

In the treatment of this disease, as of all others of so-called bilious or malarial poisoning, I always find indication for a cathartic, which for this should be a saline. The recurring chills indicate the need of quinine and morphine in small doses. The febrile state is best treated with aconite.

The prognosis is almost always favorable.

It seems to me that the blood, in this disease, is poisoned to some extent with malaria, which, if it were greater in quantity, would produce an intermittent or remittent type of fever, but being hardly sufficient for either of these, and being modified by heat followed by cold, together with altitude, falls with especial stress upon the liver.

I wish to speak of altitude as having a connection with it. I have never seen a case at lower level than about four hundred feet above tide-water, and have met with cases from that height to four thousand feet. Why altitude should have an influence I know no more than why heat and cold should, but merely state the facts as I have seen them. Let others state the facts under a philosophical formula if they can. Or, perhaps my experience is too limited. Perhaps others have seen the disease under other atmospheric conditions, and at lower levels.

FRACTURE OF THE FEMUR.

BY J. C. ANDREWS, M. D.

A FRACTURE of the femur at the epiphyses near the trochanters is not of frequent occurrence, yet such injuries are not wholly unknown.

Two years since I was invited to take professional charge of Mr. S., aged 45 years, who was thrown from his wagon seat by the fore wheel suddenly dropping into a rut, precipitating him to the ground, thereby sustaining a transverse fracture of the right femur close up to the trochanter.

When I first saw the case it was evident that a serious lesion existed, the patient being unable to use the limb, the nature of which was no easy task to correctly diagnose, no apparent deformity existing, nor could any be discovered, though critical examinations were made under complete anesthesia, except that the limb would rotate outward more than natural, from the action of the psoas and iliacus muscles, and a slight shortening was noticed under strict measurement.

Treatment: The limb was put up with the long splint, and bolstered up with bags of sand of various sizes, to make the patient comfortable. Extension and counter-extension were effected by applying strong adhesive plaster on each side of the leg and foot, leaving enough below the foot to form a loop into which a hook was fastened, passing through a flat piece of iron bent at right angles, and fastened to the long splint on the free end of the hook. A thread is cut, on which a nut with a handle or crank is placed, by which any amount of extension may be effected, by the upper end of the splint being fastened to the body by the perineal bandage. This treatment was continued for eight weeks; however, at the end of two or three weeks the swelling and pain had subsided, and the muscles of the limb had become reduced and flaccid; a slight inward displacement of the lower fragment of bone, caused by the action of the adductor muscles, could be detected.

At the end of eight weeks the splint was removed, and the imprisoned limb set free. The patient began to hobble about on crutches, until the partially paralyzed muscles regained their wonted tone and vigor, then the cane was substituted, and in due time the man was able to resume his usual occupation as well as ever, except the limb would tire sooner than its fellow, scarcely any deformity existing from shortening.

There is nothing especially new or different in this case, except the want of angular deformity in the beginning of treatment; though the limb was forcibly rotated and twisted under complete anesthesia, no pronounced lesion was apparent.

Doubtless the large and dense structure of the thigh, together with the swelling of the parts, at first marred a correct diagnosis, which was not discovered until they had so decreased in size and

strength as to admit of free manipulation. The man being of a nervous temperament, and addicted to moderate drinking, was a very undesirable patient in more respects than one, demanding more attention than the average patient,—at times more than was necessary, as all such do, and, according to my observation, rarely fail to not pay their bills.

The surgeon, when called to treat a case of fracture, cannot *always* make out a correct diagnosis of the case at hand, but can treat it according to the latest and most approved rules of surgery. Watching the case closely, correcting all troubles as they arise, and awaiting results, having the comfort and best interest of the patient at heart, my word for it, he will secure a result above that of the average surgeon.



M. HILL LOGAN, PH. G., M. D.

BIOGRAPHICAL.

MILBURN HILL LOGAN, PH. G., M. D., was born in the little village of Richview, Washington County, Illinois, on the fifth day of August, 1855. At an early age the family moved to Centralia, Illinois, where his father became engaged in a large furniture business. He attended the public schools there until nine years of age, when he left with his parents overland for California, spending six months on the plains, visiting many points of interest on the way.

Arriving at Oakland in 1864, he attended the public schools there for about a year, after which, his father meeting with reverses in business, the family moved to St. Helena, Napa County, where they bought a farm near town, which afterwards became known as Logan's Addition to the town of St. Helena. He attended the grammar and private schools here until 1871, working with his father at carpentering during his vacations.

In 1873-74 he had private instructions in physics, hygiene, and physiology, and the principles and practices of homeopathy.

In 1875 he entered the University of California, class of '79, Department of Chemistry. In 1877, by the premature explosion of a can of blasting powder, he temporarily lost his eye-sight, which made it necessary to cease study for two years.

After the restoration of his health and eye-sight, he entered the California Medical College in Oakland, from which he graduated in 1881 with honors among a class of ten. After graduation he was elected assistant in the chair of chemistry, and in 1883, upon the resignation of Prof. S. P. Meads, A. B., he was elected to full professorship in that chair, a position which he has since held.

In 1881 he commenced practicing medicine and surgery in San Francisco. In 1883 he became associated with Dr. Cornwall, oculist, and Dr. Gere, surgeon, with whom he remained for one year.

On the 30th of May, 1883, he was married to Leta A., daughter of Mr. and Mrs. H. M. Rosekrans, of San Francisco.

In 1885 he re-entered the University of California, Depart-

ment of Pharmacy. In 1887 he finished the course which he began in 1875, and which is four years. On graduating he received the University gold medal. He has always carried on a large general practice, keeping one or two assistants busy most of the time. His present quarters are at 101 Grant Avenue.

He has written two works, both soon to be published: "A System of Urinology," and "A System of Organic Chemistry."

Professor Logan has always been popular with the students on account of his pleasant, genial disposition and zealous efforts in their behalf, and Eclectic medicine has no stauncher adherent on the Pacific Coast.

The Doctor is largely a self-made man, therefore representative of a large class of the leading men in the Eclectic school, who have been tried and tempered in the fire of opposition and adversity, to come out steel of the first quality.

SELECTIONS.

GLEANINGS FROM OUR EXCHANGES.

BY HANNAH SCOTT TURNER, M. D., OAKLAND, CAL.

THAT FRUIT.

IF Eve had half her daughters' beauty
It is no wonder Adam fell,
Love triumphed o'er his sense of duty,
Heavenly bliss was in its spell.
What cared Eve for threatened death-doom?
Knowledge was the boon she craved,
Brav'd God's displeasure that her groom
From mental darkness might be saved.
But Adam,—well, if I must say it,
Hedg'd in a most shameful way,
Excused himself, to Eve did lay it,
Just as his sons do to this day.
That fruit is just as tempting still
As it was in those days of yore,
And Eve's fair daughters have the skill
Their mother had, and some think more.
And Adam's sons are just as trusting
As their old dad was, 'ere he fell
Upward, through Eve's insatiate thirsting,
Quenchless, but from Wisdom's well.
I move a vote of thanks be given
To Mother Eve, by all the race.
That luscious fruit brought Adam Heaven,
And among the Gods it gave him place.

—*Vindex.*

EXACT SCIENCE.

A LITTLE girl, the daughter of a physician, was asked by a gentleman if her father practiced medicine much now. "Oh no, sir, father doesn't *have* to practice medicine *he knows how!*"

TO LIQUEFY CARBOLIC ACID.

FILL the space at the neck of the bottle (new) with alcohol, and then invert the spirit, which will work upward and dissolve the acid. In microscopical work, or indeed in any other kind, the spirit will do no harm, as it will soon evaporate.—*West. Dent. Journal.*

PILOCARPINE IN ECLAMPSIA.

IN the *Medical Press and Circular* is reported a case of the dreaded convulsion of puerperal eclampsia treated successfully with this remedy. In the case reported, the attack came on during labor, on which the evacuation of the contents of the uterus had no effect on the convulsion. On the day following the invasion of the attack, an injection of one third grain of pilocarpine produced a marked effect, abundant diaphoresis of half an hour's duration, a return of pulse to the radial arteries, and a restoration of surface temperature.

Two injections daily, night and morning, for two days controlled the disease, allowing no return of the paroxysm, and causing the disappearance of albumen from the urine.

It is said that eating ice-cream too fast is very liable to cause neuralgia of the supra-orbital nerve.

THE USE OF ICE.

No ice in the morning on an empty stomach; no ice before or during meals; no ice before or during digestion; no ice after violent exercises; no ice when the body is perspiring; no ice for women during the menstrual period; no ice for children.

Those who make use of ice drinks should be careful not to drink too much, or to swallow too rapidly. In case a sudden chilling should be experienced, the danger which threatens may be averted by violent exercise. In this way the circulation may be re-established. In conclusion, it may be well to remember that the avoidance of these rules may result fatally.—*Journal de Hygiene.*

As a general rule, a throbbing headache, with tenderness and soreness of the scalp, can best be relieved by hot applications; whereas, where the head feels "full" and "bursting" if cold be applied to the head and the heat to the neck and spine, the effect is most agreeable.—*Times and Register.*

THE editor of the *Medical World* claims that thuja is a prophylactic of the worst stages of diphtheria. In the early and middle stages of the disease the remedy should be given in two or three drop doses diluted in water, every two hours.

The constitutional impression is curative, and the local effect is very decided for the better. As a gargle it may be used every few minutes, and for children too young to use a gargle a feather or a syringe may be used in carrying the medicine to the larynx. For the gargle one teaspoonful of thuja may be added to six or eight ounces of water.

To combat the anemic, feeble and irritable condition so frequently encountered in convalescence, he advises the use of digitalis and glonoine. Of the latter, one drop of a one per cent solution; of the digitalis, 3ss of the infusion as a dose. These are given alternately, a dose of one or the other every two hours.

DR. PHIL. PORTER is loud in his praises of the action of mistletoe, viscum album (Europe), phoradendron (America), in the treatment of diseases of women,—those troubles in which pains are periodic, worse in bed, and from cold wind; tearing, shooting pains from above downward in both thighs, with restlessness and prostration; in obstetric practice, weak pains, where it must be compared with actea rac., caulophyllum, pulsatilla, and secale cor., also in adherent placenta.

Where the sexual organs are diseased, hemorrhages accompanied by pains, blood partly red and partly in clots, hemorrhages with violent contractive labor-like pains, hemorrhages continual, at one time in a stream, at another in clots of a blackish character, metorrhagia in the climacteric, areolar hyperplasia subinvolution, its action is especially fine on the left ovary to relieve dull, heavy, lagging pain, Dr. E. M. Hale advises the substitution of uva ursi for ergot.

The preference is based on the fact that it is less dangerous, and the contractions following its administration are less painful to the mother and far less dangerous to the child. When the action of the uterus is inefficient from nervous exhaustion, strong propulsive pains will invariably follow the administration of one or two

ounces of a strong decoction of uva ursi, one ounce to a quart of boiling water. Dose repeated every twenty minutes. The fluid extract may be used instead of the infusion.

THE application of beef marrow to the skin around the throat is said to relieve sore throat and hoarseness in one hour.—*Ex.*

TEN CASES ILLUSTRATING THE VALUE OF GERANIUM MACULATUM.

ABOUT two years ago I called attention to the value of geranium maculatum* in incipient phthisis, and hæmoptysis, and as a general astringent and hæmastatic.

INCIPIENT PHTHISIS.—The following abstracts from my notebook since then will show that it is worthy of a high place as a remedial agent.

CASE I.—D. M., aged 24, came under my care in November, 1887. He had been suffering from a harassing cough and copious night sweats for four weeks. His appetite was poor, his sleep restless, and he had lost twelve pounds in weight. His father and mother had both died from consumption, and he was naturally very much alarmed lest he should be carried off by the same dread disease. Auscultation revealed marked dullness over the left apex, and prolonged expiration on both sides. His pulse was 110 and weak; he denied ever being feverish, but stated that his cheeks flushed up in the afternoon.

As I had seen several similar cases in which the pulmonary dullness was due to malaria, and disappeared under quinine, and as the weather at the time he was taken sick was dull and heavy, I gave him full doses of quinine for a week, but without any good results. I then ordered him quinine in the morning, a cough mixture through the day, and belladonna and aromatic sulphuric acid at night, but without securing any improvement. The quinine was then stopped, and blisters applied to the left apex, but the patient grew worse. Finally, and as a last resort, I prescribed two ounces of the fluid extract of geranium, and with in-

*"Geranium Maculatum," a paper read before the American Medical Association on June 7, 1887.

structions to take a teaspoonful of it in water before meals and at bed-time. To my surprise and delight he commenced to improve at once, the cough lessened in severity, the night sweat disappeared, appetite improved, pulse gradually went down to 84, and after three weeks' further employment of geranium he considered himself so well that the treatment was discontinued.

About two months ago he stopped in to tell me of his marriage, and that his wife had just given birth to a son. He further reports an increase in weight of ten pounds, and an apparent restoration to health.

CASE II.—INCIPIENT PHTHISIS.—M. J., aged 28, came to me in January, 1888. He was a weaver by trade, and worked in a room the air of which was full of fine dust. He had been troubled for three weeks with a violent paroxysmal cough and night sweats. Auscultation disclosed clicking inspiration, and prolonged expiration over the upper lobe of the left lung. He had been losing in weight and appetite. His pulse was 116 and weak. I placed him on drachm doses of the fluid extract of geranium, to be taken well diluted every four hours. When he returned ten days later his pulse had fallen to 100, the cough had lessened, and the night sweats had ceased. After another week of geranium his pulse went down to 92, and there was further improvement in all his symptoms.

I did not see the patient again for a month, when he came in to say that as he had to work over time, he could not come to my office, but that the medicine had been renewed four times, and he thought that he was nearly cured by it. His pulse was then 84. The physical signs had disappeared, and he only coughed about four times a day. I advised him to continue medical treatment for a while longer. He did so, and I had the pleasure of discharging him two months later, ten pounds heavier, feeling well.

CASE III.—PHTHISIS.—Miss J., aged 19, complained of a slight chill on February 12, 1888, and went to bed. She had previously been in apparently the best of health, although always of an extremely pallid complexion. I saw her on the following day, and did not regard her as being seriously ill. Before the week was out, however, I deemed it my duty to tell her parents that I

believed she was going into quick consumption, and that she might not live three months. I based this opinion upon the following symptoms: viz., a persistent temperature of 102, unaffected by either quinine, salicylic acid, or aconite, a weak and rapid pulse, ranging from 120 to 130, and an apparent solidification of the upper posterior portion of the middle lobe of the right lung, accompanied by increased rapidity of breathing, but not attended by any pain, discomfort, cough or expectoration. Of course I endeavored to soften the blow to her affectionate parents, by saying that there was a probability of my diagnosis being erroneous, and advised them to give me the privilege of bringing in a consultant. The consultant physician whom we agreed upon came and saw the patient, and decided that while it was well to regard the case as serious, still he did not think it was as grave as I dreaded, and that it was more analogous to pneumonia than to phthisis. I adhered to my opinion, but stated that I would adopt any method of treatment that would cure or relieve the patient. A line of medication was agreed upon and faithfully observed for three weeks, but so far from any improvement being evident, the patient's condition grew worse every day. The family then concluded to recommit the patient to my unaided care. During the *interim*, ammonia in its various forms, creosote, iodine, quinine, salicylic acid and other anti-pneumonia remedies, with stimulants, had been tried and abandoned as useless. I stated to the parents that I had no hope of being able to effect a cure, but that I would try to prolong her life as long as possible. At this time she was not able to sit up on the bed and was suffering from constant and harassing cough, complete anorexia and profuse night sweats. In prescribing, I directed her to take a teaspoonful of the following formula every three hours:—

R Ol Menth. Pip., mxx.
 Ext. Geranii Fl., ℥iss.
 Vini Portensæ, ℥i.

Mix.

She began to improve on this prescription, and in less than three weeks was able to get out of bed and sit up. The following week she was strong enough to walk downstairs. I was

glad to note the improvement under treatment, even if it did point to a failure in my diagnosis or prognosis. The family frequently joked with me on the subject, and my reply was, "I hope the improvement will continue; if so I will be able to make public a certain remedy for consumption."

The improvement did not continue, however; other portions of the lung substance became invaded; increasing weakness compelled her to go to bed again, and in less than five months from the date of her first illness she died.

CASE IV.—HÆMOPTYSIS.—J. D., aged 25, had three attacks of hæmoptysis in 1885, or rather one attack lasting a week, during which three hemorrhages occurred. I treated him at that time with witch-hazel and port wine, given alternately with sulphate of magnesia and dilute sulphuric acid. He was a month convalescing. In March, 1888, he had another attack and again sent for me. His general condition was worse than in 1885. His pulse was quick and weak, and the probabilities were in favor of a recurrent hemorrhage. I ordered him to take two drachms of the fluid extract of geranium at once, and then to continue with one drachm regardless of whether vomiting or hemorrhages supervened. On my return next day the patient was feeling comparatively well and strong. His sputa was tinged with blood, but no large quantity had appeared. He had comparatively little cough, and his pulse was only 90 and fairly strong. He kept up the geranium for two weeks, when he went to work, and has enjoyed comparatively good health to the present time.

CASE V.—GASTRIC ULCER.—Miss A., aged 21, had been dyspeptic for two years, and for several months had been troubled with a sharp pain in the back after eating. She had taken several patent medicines without benefit. In June, 1888, she fainted on the street. On reviving she was taken home. That evening, just as she was going to sit at the supper table, she vomited some thick black material, and in a few minutes afterwards brought up a small amount of pure blood. On seeing her about two hours later, I informed her family that it was a case of gastric ulcer, and ordered a teaspoonful of the fluid extract of geranium every two hours that night, and every three hours the following day. The

patient had no further relapse, and after a month's use of geranium, and perfect rest, returned to her work as a book-keeper, and has been ever since in good health.

CASE VI.—ANAL FISSURE.—J. F., aged 26, came to me complaining of constant itching at the margin of the anus, complicated by excruciating pain whenever his bowels moved. An examination revealed a fissure three-eighths of an inch long and about two lines deep, at the line of junction of the skin and mucous membrane. I ordered him four ounces of a twenty-five per cent solution of the fluid extract of geranium, and told him to apply a rag dipped in it to the anus night and morning. These applications produced a complete cure.

CASE VII.—URETHRAL HEMORRHAGE ARRESTED BY GERANIUM.—J. F., aged 28, had been suffering from gleet accompanied by pain upon erection for two years. Last November, after indulging freely in beer, an unusual firm erection occurred, during which he felt something break in the urethra. This was succeeded by a sharp pain, and a sensation as if there was something moist escaping. On making an examination he was surprised to find a tiny stream of blood oozing from the urethra. He applied pressure to the penis, but without effect. He then ran for assistance and fainted. When I arrived at his room a few minutes afterwards, I found that he had lost considerable blood, and that the hemorrhage was still unchecked. I gave him an injection composed of one drachm of fluid extract of geranium and four drachms of water, and kept it in the urethra a few moments; a fresh injection of the same quantity and strength, retaining it also, was again repeated. This simple procedure not only checked the hemorrhage, but had the unexpected result of curing the gleet, which for a long time had defied all treatment.

CASE VIII.—METRORRHAGIA.—Mrs. H., aged 25 years, had a miscarriage at two months, which was followed by an obstinate metorrhagia. The os was dilated and the interior of the uterus carefully examined, but no retained membrane or other offending material could be discovered. The usual methods of treatment were carried out for four weeks, but without any improvement. Finally an intra-uterine injection of half an ounce of geranium

and half a pint of water was resorted to as an experiment. It gave such good results that it was repeated twice a day for two days, once daily for three days, and after several succeeding injections the patient was discharged cured.

CASE IX.—BUCCAL ULCERATION.—Mary F., aged three months, refused to nurse for three days, during which time she cried almost constantly. There was no abnormality of pulse or temperature, no pain on pressure of the groins or abdomen, but examination of the roof of the mouth revealed an oval ulceration about half an inch long and quite deep. The healthy appearance of both parents and child dispelled any suspicion of syphilis that might have been entertained. Four applications of a twenty per cent solution of geranium eased the child and permitted it to nurse again, and its daily repetition for a week effected a complete healing of the sore.

CASE X.—BUCCAL ULCERATION.—A young man, aged 22, came in my office saying that he had "cut a tooth" two days before, and that it had made his mouth so sore that he could not eat, and he wanted to get something to relieve the pain. On looking at the inner surface of his mouth, I was unable to find any evidence of the appearance of a new tooth, but I saw that he had an extensive ulceration of the lower gum and the adjacent buccal membrane.

I ordered him to paint the affected surface every three hours with a twenty-five per cent solution of the fluid extract of geranium, and abstain from hot, acid or otherwise irritating articles of food. He returned in four days cured.—*John V. Shoemaker, A. M., M. D., in Atlanta Medical and Surgical Journal.*

SODIUM SILICO-FLUORIDE.

CLINICAL EXPERIMENTS WITH SODIUM SILICI-FLUORIDE IN THE CLINIC OF PROF. GOODMAN.

CASE I.—Ralph M., admitted to the hospital March 28, 1888. The patient was eight years old, born in Chester, Pa. The case presented the following interesting features: The anterior wall of

the bladder was entirely wanting, and the posterior wall protruded like a hernia through a somewhat circular opening in the abdomen, just above the pubic arch. There was an absence of the umbilical cicatrix. The mucous surface exposed measured three-quarters of an inch, and was of a pale red color, with brighter spots upon the surface. The right ureter was normal, the left appeared to be hypertrophied. The pubic bones were not entirely ossified, being fibrous for about an inch on each side of the symphysis pubis. There was only a very rudimentary penis, showing the partially formed urethra upon the dorsal surface. The scrotum was not developed. The testes appeared normal and were located under the skin on the inner side of each thigh. Their presence could be demonstrated by the cremaster reflex. There was also an oblique inguinal hernia of the right side. When admitted, there was much excoriation of the surrounding parts, caused by the constant dribbling of the urine. These parts were washed frequently with a 1 to 1,000 solution of the sodium silico-fluoride, and the urine collected upon absorbent cotton. Various devices were suggested and tried to remedy the deformity. All these devices having failed, it was thought best to attempt the formation of an artificial bladder, by turning down a flap of skin, brought from the abdomen, and covering the same with flaps from the inguinal region. The patient being anæsthetized, an incision was carried from Poupart's ligament through the skin and superficial fascia, one and one-quarter inches from the median line to about nine inches up the abdomen on each side, and united at the top by a curved incision. The upper part was dissected down for four and one-half inches, being two and one-half inches in width. The edges of the flap were carefully stitched with cat-gut to the edges of the lower part, and the raw surface covered by flaps brought from the groin on either side. A drainage-tube was inserted into the newly-formed bladder, a subsequent operation being necessary to form a urethra and modify the penis. In dissecting and handling the flaps, great care was exercised, and a solution of sodium silico-fluoride, 1 to 1,000, was constantly used during the operation. The patient was bandaged in a sitting posture with thighs well flexed. He rallied and the

prospects were good for a recovery, but in about twenty-four hours suppression of the urine set in, and about thirty-six hours after this event he succumbed to uræmia. At the time of his death the wound was examined and it was found that primary union had taken place.

CASE II.—*Amputation at lower third of Forearm, for Epithelioma of Dorsal Surface of Hand.*—Joseph L., aged fifty-three. He first noticed a small sore spot appear nine years previously, and did everything anybody told him, but the sore did not improve, and finally reached a large size. He was admitted into the hospital, and the day previous to operation the arm was washed, shaved, and dressed with gauze wet with the sodium silico-fluoride, 1 to 1,000. The day following the arm was amputated, making an antero-posterior flap with a circular of the muscles. The bones were at first sawn about half an inch longer than necessary, after which the periosteum was split and stripped from the bones. The bones were again sawn and the periosteum united with catgut ligature, and a small bundle of fine catgut was introduced for drainage. During the operation the arm was kept sprayed with a 1 to 1,000 solution of sodium silico-fluoride. The arm was dressed with iodoform, and the bandages were not removed for one week. At the end of that time complete union had taken place, and the patient was allowed to depart for his home the day following. Since that time the patient has been seen twice, and he reports that within one month after the operation he was in his fields plowing with the lines hung over his stump.

CASE III.—In a case of gonorrhea, which the patient claimed was his first attack, injections of sodium silico-fluoride, half a grain to the ounce of water, were used, and upon the fourth day of the treatment the patient showed no signs of any discharge.

In cases of conjunctivitis and conjunctivitis neonatorum, a 1 to 1,000 solution works very nicely, effecting a cure in a few days.

Dr. Ziegler, resident physician at the Wills' Eye Hospital, reports that after cataract operations the continued use of sodium

silico-fluoride did not answer very well, as in very nearly every case it set up a slight amount of conjunctivitis.

As a solution in which to keep instruments during an operation it does not answer very well, owing to the fact that the instruments are tarnished and spotted, no doubt from the effect of oxidation. This action can be diminished by adding sodium bicarbonate to the solution in quantities sufficient to render the solution strongly alkaline.

Since writing the foregoing, I have received a communication from Mr. William Thomson, of Manchester, and he was also kind enough to send me a sample of sodium silico-fluoride, which salt he has had registered under the name of salufer (probably from the two Latin words *salus* and *fero*, meaning safety bearer). Quoting from his letter received as above, he says: "In reply to your favor of the 24th ult., I don't know whether the preparation you have is perfectly satisfactory. The hydro-fluoric should be carefully combined with silica, and the resulting compound carefully neutralized with soda. If this is not done, the salt is liable to prove fatal to rabbits or guinea-pigs in large doses, much more so than if not so prepared. In human beings vomiting would be produced at once. A solution of salufer (sodium silico-fluoride), same as sample sent, does not coagulate albumen. It is probable that Rosengarten & Son's sample may not be prepared, as it is only possible to dissolve 2.68 grains of that salt in one ounce of water. The formula is Na_2SiF_6 ."

After a careful analysis, I found that the sample of salufer received from Mr. William Thomson contains 98.9 per cent sodium silico-fluoride (Na_2SiF_6); 1.1 per cent free silicic acid. It has an acid reaction to litmus paper. The aqueous solution coagulates egg albumen to a small extent, but not less than the American sodium silico-fluoride experimented with. In this attribute the two preparations are exactly alike. One part of salufer dissolves at 50° Fahr. in one hundred and fifty parts of water, except the 1.1 per cent of silicic acid, and in this attribute is similar to the American, the latter being, however, completely soluble and free from silicic acid.

Salufer contains 24.2 per cent of sodium; Rosengarten & Son's

sodium silico-fluoride contains 24.4 per cent.; and Na_2SiF_6 contains theoretically, 24.5 per cent.

The acid reaction in salufer is destroyed by the addition of carbonate of sodium in excess, as follows: $\text{Na}_2\text{SiF}_6 + 3 \text{Na}_2\text{SiO}_3 + 3 \text{CO}_2 \rightarrow 6 \text{NaF} + 3 \text{Na}_2\text{SiO}_3$, and in this reaction it acts precisely the same as the silico-fluoride of sodium of Messrs. Rosengarten & Sons.

No further chemical or physiological difference than the 1.1 per cent of free silicic acid in the salufer was found in the two preparations, and this 1.1 per cent is an impurity of no medical use.

We may sum up in conclusion that sodium silico-fluoride is:—

1. An efficient antiseptic.
2. That a solution of one grain to an ounce of water is quite strong enough for ordinary purposes, in that strength being apparently unirritating.
3. That the solution is unirritating to the hands, which is no small advantage to those operators whose fingers are easily irritated by ordinary antiseptic solutions.
4. That a solution of one grain to the ounce may safely be used to syringe out closed cavities, even where the operator cannot be certain of all the fluid returning.
5. That it acts very efficiently as a deodorizer of the hands, after examining carcinoma of the uterus or rectum, by steeping the hands in a saturated solution. The odor is removed more efficiently than it is by any solution with which I am acquainted.
6. That a very convenient and comfortable antiseptic poultice may be made by soaking gauze or absorbent wool in a hot solution (ten grains to the pint) wringing it freely of excessive moisture, applying it to the wound and covering with gutta percha tissue.

Note taken from the British Medical Journal, May 19, 1889. Mr. A. W. Mays Robson, F. R. C. S., Honorary Surgeon Leeds General Infirmary, and Lecturer on Practical Surgery at the Yorkshire College:—

“It is chiefly to find a safe and efficient antiseptic that I have, during the past few months, been using salufer almost exclusively in my surgical work. Before describing details of critical cases which incontestably try the value of any antiseptic, it might be

well to mention a few of the uses to which I have put salufer, and unless otherwise stated, a solution of twenty grains to the pint of water is always understood, which proportion seems at the same time unirritating and efficiently antiseptic. They are as follows:—

“In washing out the peritoneal cavity after laparotomy, here using ten grains to the pint; in the case of strangulated hernia; in the radical cure of hernia; in excision of joints; in amputations of the arm, leg, or thigh; in washing out the pleural cavity in the removal of tumors; in excision of veins; in ligation of blood-vessels in compound fractures; in osteotomies; in washing out the bladder; in washing out the uterus after cureting the interior; and after the removal of septic retained membranes; as a vaginal douche before and after Apostoli's operation for fibroid; in the irrigation of extensive ulceration in the rectum, where a poisonous antiseptic could not be used; in washing out the stomach; as an injection in gonorrhea; in syringing out large pelvic abscesses; as a gargle in hospital and in diphtheritic sore throat; as a nasal douche after removing polypi; for syringing out empyema of antrum, and in many other cases.”

“* Salufer (sodium silico-fluoride) appears to have a highly solvent effect on exposed dentine, and cannot be used as a devitalizer, being irritant and not caustic in its effects. In pulpless molars, where there is a mass of dentine to be removed, it can be safely used, if sealed in the cavity for two days before excavating. After extracting, it assists in the arrest of bleeding, and used afterwards as a mouth wash has a hardening effect on the gums.

“After the removal of tartar and the sulphate of copper treatment for pyorrhœa alveolaris, a single daily application of the powder has kept the gums healthy.”—*John W. Croskey, M. D., in Times and Register.*

THE HEDGE THORN POISON.

NUMEROUS cases occur of pricks of the hand by the thorns of the Osage orange in the process of trimming, which, for the econ-

* Taken from the Transactions of the Odontological Society of Great Britain, Vol. XX, No. 2, page 92.

omy of time, is done to a great extent in winter and early spring, when the thorns are tough and stiff, and the extreme point may be easily broken off and left in the skin.

People who suffer evil consequences from this apparently slight accident, are impressed with the idea of a poison connected with the thorn. The trivial nature of the injury, and the lapse of several days before the development of severe symptoms, constitute circumstances in close analogy with the incubation of infective diseases, which are supposed to be developed through the introduction of specific contagions. The case now to be stated had a course of events presenting this analogy.

Mr. Stevens, aged 52, received a prick by a hedge thorn upon the prominent part of the first metacarpo-phalangeal joint of the right hand, March 21, 1889. During the three following days he worked at building fence, using a hammer as usual, with the right hand. The treatment, after the development of symptoms, was chiefly by poultices, and in addition, a knot developed at the middle of the anterior surface of the right fore-arm.

He came under my observation April 2, or twelve days from the time of the injury. There was an ulcer at the seat of injury, white through adhering pus and dead tissue, with swelling and erythematous redness of the hand. The knot on the fore-arm was indolent, as were also a couple of lymphatic enlargements developed in the axilla of the same side. The general treatment was quinine and tincture of iron, with cathartics and anodyne, chiefly antipyrin to secure rest.

The local treatment was a perpetual drip of water slightly carbolicized, and as cold as comfort demanded, or applied as often as required by the feelings of the patient.

After several days, the knot on the fore-arm became enlarged, and the center of an erythematous blush, attended with local elevation of temperature and great alarm of the patient, for the safety not only of his arm but of his life.

The knot thus suddenly enlarged was injected with a saturated solution of iodoform in ether, and the next day with carbolic acid. It was deemed necessary to attack this newly-formed septic area in its very center, in order to arrest the infection and

prevent the formation of new centers, mere central along the course of the lymphatic vessels.

The ultimate result of this was a slough, the place of which gradually filled up with granulations. All odor from the slough was forestalled by the application of dry borac acid.

A considerable doubt has been raised with regard to the existence of any antiseptic quality of iodoform in dead matter. The appearance of iodine in the urine, however, shows that there is some absorption of iodoform when introduced into wounds. This absorption is supposed to be through the decomposition of iodoform and the release of iodine, which has been long known as a most valuable antiseptic.

The invasion of erysipelas and other local septic inflammations which have involved the subcutaneous tissues, is attacked with great advantage by numerous small incisions which penetrate the infected parts. These incisions relieve the compression of the living tissues caused by the liquids and gases which accumulate. The living parts are thus enabled to produce an exudate to constitute a wall against the invading enemies, and to destroy the microbic elements of the disease which came in contact with the living tissues.

By going beyond the negative influence, and introducing a positive antiseptic agent, the septic microbes are destroyed by other than the living agents which are derived from the blood, and which act alone in the management by simple incisions. The leucocytes otherwise paralyzed by the ptomaines produced by the invading septic microbes, are able to assert themselves in the destruction of the invaders, and to produce a digestive agent which destroys the foreign element.

The effect of iodoform in this process has been explained in two ways. On the one hand, free iodine is supposed to be developed, which acts upon the pathogenic, or upon the septic, germs, so as either to destroy them or to paralyze their activity; or, on the other hand, to destroy the ptomaine which they secrete, and upon which they depend for poisoning and rendering inactive the phagocytic elements of the living tissues.

The apparently poisonous element in the hedge thorn, is the

focus it furnishes for the development of the septic germs commonly floating in the atmosphere, and which, adhering to the minute thorn, are carried into the living corium. The minute point of the thorn which is broken off and left in, is ordinarily fenced off by a wall of adhesive plasm, so that only a minute pustule results; but when the part injured is subjected to continued vibration, as in the case here reported, this wall of separation is broken during its very formation, and the broken wall becomes the hatching and breeding-place of the microscopic invaders. Thus the difference is seen between the results of rest and exercise.

The study of hedge thorn poison becomes the study of antiseptic surgery. If proper preventive measures have been neglected, and there has arisen an acute sepsis, a dangerous condition has been implanted upon an apparently trivial one, and prompt and radical measures must be resorted to.

Free and numerous incisions, subcutaneous injections of carbolic acid, washing out sinuses and abscesses with solutions of sublimate, cinnamon, borac acid, carbolic acid and peroxide of hydrogen, irrigating with antiseptic solutions, or enveloping in dry borac acid, when the internal sepsis has been subdued, are among the local measures.

Cathartics, quinine, iron, and sometimes alcohol, are among the general agents.—*David Prince, M. D., in Peoria Medical Monthly.*

THE CHOICE OF OPERATIONS FOR VESICAL CALCULUS.

EVER and anon the various operations in surgery are subjected to a severe and critical review. Neither experience nor authority intimidate the seeker after truth. Much of this spirit has been engendered by the doctrine of asepsis, and there is very little doubt but that the field of the medical statistician must be subjected to a new gleanings.

The removal of calculi from the urinary bladder, a very old operation, and brilliant as well, has been arraigned before the tribunal of inquiry. And what answer shall be made?

I may say at the outset, that no one operation will meet the requirements of all calculi, and in deciding as to what particular procedure should be adopted several considerations must be taken into account, namely, the skill of the operator, the age of the patient, the condition of the genito-urinary apparatus, and the size and constitution of the stone. The proper extraction of a calculus through the perineum by any of the usual methods, lateral, bilateral, or median, requires more than ordinary surgical skill. The dangers likely to follow the maladroit use of the knife in this region, are hemorrhage, separation of the bladder from the rectum by opening the recto-vesical fascia, wound of the rectum, and, in the very young subject, severing the membranous from the prostatic urethra. To one, therefore, who distrusts his ability to safely perform the perineal operation, the supra-pubic should be selected as the easier and the safer one in any case in which the knife is to be employed.

But leaving the question of skill out of the case, what particular perineal operation should be selected when the subject is one for cutting? This will depend on the size of the stone and the age of the patient. When the calculus does not exceed three-quarters of an inch in diameter, the median operation offers every advantage, both from its simplicity, and the few important structures involved. If the stone exceeds three-quarters of an inch in diameter, the lateral operation should be adopted; and in young children this last incision is always to be preferred.

When the calculus is a very large one—and we can determine this by measurement—the supra-pubic, or high operation, as it was formerly termed, offers advantages over all others. At one time the bilateral division of the prostate was done to meet the necessities of large calculi, but I have no hesitation in saying that in any case requiring such a section of the prostate body for the delivery of the stone, good surgery would suggest supra-pubic lithotomy.

Until within a very short time the profession has been a unit in regard to the treatment of stone in children by lateral lithotomy. The mortality after the operation, in this class of patients, has been very low, not exceeding, in some statistics which I col-

lected a short time since, four cases in one hundred and forty-six operations. It is stated that the perineal operation in young children is followed by sexual impotency. If this be correct, no surgeon would object to substitute the supra-pubic for lateral lithotomy. The evidence, however, on this point is still wanting. It is possible that the delicate urethra and the undeveloped parts about the neck of the bladder may be injured by rude manipulation, after opening the bladder, but to avoid this, I do not introduce my finger into the bladder after opening the prostatic portion of the urethra, but simply carry a very delicate pair of stone forceps into the viscus along the groove in the staff, which causes no laceration of the parts. I have collected some thirteen cases of supra-pubic lithotomy in children between the ages of three and sixteen years, with one death. The healing required in one instance seven weeks, in another sixty-seven days, while in others the time varied between one and four weeks. This does not compare well with the results of perineal operations.

Litholapaxy is also being practiced in young children. Of thirty-one cases of this operation which have been reported, the ages of the patients averaging from thirteen months up to eleven years, no deaths have occurred; the weight of the largest calculus was 220 grains, and of the smallest 30 grains. We must wait until larger data are on hand before speaking dogmatically on this operation. It is certainly worthy of a thorough trial.

The rapid reduction of a calculus and its immediate extraction by instrumental means, or what is termed by its author, litholapaxy, is, in most respects, the most important advance in the surgery of vesical calculus. It has been so largely practiced that we are in possession of sufficient data to speak with no uncertainty as to its value. It is well suited to all cases in which the stone is not too large, nor too hard to be safely broken, and where the urethra is sound.

To place before the reader a few compact deductions from the subject under consideration, I would say:—

1. That all cases of vesical calculus in patients over fifteen years of age, with sound urethra, and in whom the stone is not too large, nor too hard, should be treated by litholapaxy.

2. That all children under fifteen should be treated by lateral lithotomy.

3. That in the case of very large stones, supra-pubic lithotomy should be substituted for either litholapaxy or perineal lithotomy.

4. That in adults, where perineal lithotomy becomes necessary, the median operation is to be preferred, provided the stone does not exceed three-quarters of an inch in diameter.—*Hayes Agnew, M. D., LL.D., in University Medical Magazine.*

ON OUR KNOWLEDGE OF THIOL.

[By Dr. F. Buzzi, Assistant to Prof. Schweninger in the University Clinic in Berlin—Translated from *Monatshefte für praktische Dermatologie*.]

IN a treatise on "Thiol and Ichthyol" (Mitth a. d. dermatol. Clin. der Charité in Berlin.) Dr. L. Reeps called attention to the physical, chemical and therapeutical identity of these two preparations. Reeps claims for thiol, recently discovered by Dr. Emil Jacobsen, the same therapeutic action and value as possessed by the well-known and successfully introduced ichthyol. The practical experience on which he bases this claim was limited to a few cases only, but this was due primarily to inability to procure thiol, which up to date had been produced only in limited quantities in a private laboratory.

Of late, however, we have resumed these researches in our clinic, polyclinic, and private practice, as ample supplies are now obtainable, manufactured in large quantities for general consumption. It is true that my experiments are not yet completed either, and I must postpone publication of a final report until some future occasion; but I have no hesitancy in indorsing all that Reeps claimed for the efficacy of thiol in those diseases which I have treated with it: seborrhœe, rosacea, acne, eczema, etc. Thiol fully possesses all the widely and authoritatively claimed therapeutic virtues of ichthyol, especially as indicated in Unna's excellent treatise, "Ichthyol, and Resorcin as Representatives of the Class of Reducing Remedies" (*Dermatol. Studien*, Heft 2, 1889)—as is really self-evident from the fact that both remedies are chemi-

cally identical. The chief properties of thiol, therefore, are its absorbent, styptic and antiseptic action. With reference to above experiments by Reeps I will give my experience in characterizing thiol, which I was able to conduct with the assistance of Dr. Jacobsen; the article being readily procurable in the market, its manufacturer having overcome numerous difficulties, I was also able to get it in a chemically pure state. Therefore, considering the source from which Reeps obtained his solution of thiol, and its comparative impurity, we must certainly make some allowance. Whether an ideal thiol should be composed of one unsaturated carbo-hydrate, and if such were preferable to a mixture of thiols, I do not here wish to discuss; but am satisfied to know that thiol as well as ichthyol is a mixture of carbo-hydrates which is turned into a soluble sulphate (in water) by treatment with sulphuric acid. Ideal thiol would be of only theoretical value, as, in the first place, no one, to the best of my knowledge, has yet been able to isolate an unsaturated carbo-hydrate; secondly, it can safely be assumed that the carbo-hydrates of iodol, as well as ichthyol, do not affect the remedy therapeutically. The main point lies in their combination with sulphur (making it soluble in water), and as it requires a percentage amount of sulphur to enter into the combination of the carbo-hydrates, we do not suppose the preparations would differ much, therapeutically speaking (thiol or ichthyol). Should, however, these investigations of carbo-hydrates be followed more closely, we would eventually arrive at an ideal thiol, which would outshine its predecessors and would lead to as many thiols as we have unsaturated carbo-hydrates. The possibility of this I will readily admit; at the same time would say that thiol of the present time is fast pushing the road to an ideal thiol, for which we must give credit to the indefatigable Jacobsen, who has shown us that in the preparation of this article the sulphureting of crude oil is merely a special step accompanying the ordinary reaction. What are our conclusions of the above in a practical way?—Using ichthyol, we find the mixture of sulphureted carbo-hydrates effective, and no one has asserted as yet that this is due to any single body it contains. The same

we say of thiol, and therefore their identity, as both represent virtually a mixture of unsaturated sulphureted carbo-hydrates. The same idea we often meet in combinations of medicines, whose combinations result in the *efficiency*, as in solid extracts, opium, cod liver oil, and the newly-discovered kreolin. As it is of most importance to have a uniform preparation (for its therapeutical use) Jacobsen uses a raw material, which by experience has proven itself the best, and places its specific gravity and boiling point at close range.

During the preparation of thiol we meet a number of foreign bodies which show acid reactions, but yet can only be looked upon as impurities. The present article is now free of these impurities, which originate in the process of acidulation, also being freed from the crude oil by the use of ligroin. Above all, thiol does not possess the objectionable odor of crude oil, which most preparations retain tenaciously. The odor of C. P. thiol is slightly bituminous, not in the least offensive, the taste being slightly astringent and the reaction on litmus paper neutral. It is unnecessary for me to go into further details, but I would merely state that thiol is now procurable in two forms, viz.: (1) Thiol liquidum, a 40 per cent aqueous solution, the consistency of a thick syrup of sp. gr. 1080 to 1081 (15° C.). This preparation, owing to its similarity to ichthyol, will probably be dispensed.

(2) Thiolum Siccum. A carefully-dried thiol in the lamellated shape, dark brown in color and shiny. For convenience in dispensing, it is put into a subtilated form. The possibility of having a solidified (dry) thiol has only been attained by removing all impurities and contaminating salts, which avoids all hygroscopic tendencies, and results in the permanent solidified form. This preparation is soluble in water without decomposing. The astringent taste of thiol is especially noticeable in this form. Not alone that in this form we have a preparation which is entirely free of water, a matter sometimes of the utmost importance, we can hail it as a remedy for internal use, and therefore far superior to ichthyol. Beside, it can also be used as a dusting powder in affections of the skin, where absorbents are of special value,

principally those which are introductory to eczema (as eryth. caloric., eryth. ex profluviis), also for erysipilas, fresh burns, blisters, as in pemphigus, dermatitis herpetiformis, impetigo, etc. For this purpose a 10 to 20 per cent mixture is used, being mixed with either talcum, starch, or oxide of zinc, as occasion may require. Considering the favorable experience of Unna with ichthyol as a healing agent for wounds of the skin, it should be but a short time before thiol will be used in the practice of surgery, as Kmocher recommends bismuth. subnitr. Its use as a dusting powder would naturally be regulated by its cost. This very thing induced me to make researches, and I consider it a most important item. We were often compelled in our polyclinics to dispense with the use of ichthyol, owing to its high price. As we now have two preparations of equal value, it will naturally produce competition, and thereby reduce prices. This end may be easily attained if some of our more prominent members of the profession, not only dermatologists but regular practitioners, will convince themselves, by using it, of its comparative efficiency with ichthyol.

ON THE DRILLING OF CAPILLARY HOLES THROUGH THE SKULL FOR THE PURPOSE OF EXPLORING WITH THE HYPODERMIC NEEDLE.

THE *modus operandi* heretofore followed consists in applying, under strict antisepsis, a crown of trepan at the suspected spot, and after removing the ring of bone, to explore the subdural spaces and the brain. This trephining, though simple enough in itself, is none the less considered by many, even surgeons, as a regular and somewhat lengthy operation, requiring also one with some surgical experience, especially of brain surgery. For these reasons trephining as an exploratory procedure is only used very seldom, and when used is very often used too late.

Fully impressed with the importance of early diagnoses in these cases of brain trouble particularly, it occurred to me that it would be possible to substitute for the apparently formidable application

of the trepan the simpler, readier, less formidable, and less dangerous procedure of drilling through the skull a small hole, only large enough to introduce a hypodermic needle.

With this idea in view I proceeded to test the idea practically on dogs. All the rules of strict antisepsis and of location of the spots for operation which have to be observed for trephining, were followed here and strictly adhered to. The animals were placed under chloroform specially with the view of controlling them and keeping them perfectly quiet.

The spot to be explored was shaved of its hair by a clip of the point of the scissors, and the place well washed and rendered aseptic. Then with a sharp-pointed aseptic bistoury a hole was made through the soft parts of the scalp. Through this the bit of a watchmaker's drill was introduced, and as soon as it had reached the bone the instrument was held firmly pressed against the bone, and the sliding knot of the instrument worked, at first slowly, then swiftly and again slowly, as the bit penetrated the bone and came near the brain substance. The bit is provided with a movable gauge and screw, which is adjusted so as to prevent the bit from penetrating too deeply into the brain tissue.

As soon as the skull has been penetrated the drill is withdrawn and a hypodermic needle with syringe introduced. The needle should be twice as large as the ordinary needle of our cases, so that if it should strike the thick pus of an abscess or the thick fluid of a cyst, the caliber will be large enough to suck it, which it will surely not do if the needle is as fine as the one ordinarily used for a hypodermic injection.

This procedure was performed twice on each side of the middle line of the skull on two dogs. Each time the needle was driven to the hilt within the tissues, the distance from the point to the hilt being about an inch and a half. The dogs were afterward left to themselves.

Both recovered rapidly from the effects of the chloroform, and behaved as naturally afterward as if their skull and brain had not been perforated four times at different places.

After a rest of two weeks, the animals were again put under

chloroform, and the skull and brain were drilled and explored in four places.

The result was exactly the same as at the first sitting. They recovered rapidly. The dogs were kept about the yard for several weeks, to see if any remote effects would develop, but none were noticed.

During an experiment one dog was killed before recovering from the chloroform, to see what damage if any had been produced. Besides an extravasation of blood of the size of a nickel under the scalp, and one of the size of a pea under the pari-mater, nothing else could be seen of the traumatism inflicted.—*Edmond Souchon, M. D., in New Orleans Medical and Surgical Journal.*

SPECIFIC SUGGESTIONS.

GIVE full doses of the tincture of gelsemium in hysterical paroxysms.

Give a hot infusion of capsicum for persistent hiccough.

For the regurgitation of food common to nervous and hysterical women, give ten drops of fluid extract of boneset every two or three hours, until relieved.

In acute spasmodic urethral stricture give three drops fluid extract of gelsemium and five drops fluid extract black cohosh every hour for a few days, and the patient will be enabled to urinate freely.

Use eucalyptus and turpentine in an atomizer to remove the diphtheritic exudations from the nasal passages. They act very speedily.

Remember that belladonna is opposed to blood stasis, and is indicated in any acute condition where there is capillary engorgement.

Apply a bicarbonate of soda paste to a severe burn and let it alone for twelve hours, then dress with any simple ointment.

Hydrobromic acid is specific in typhoid delirium, and in sleeplessness, especially that which sometimes follows the use of quinine or quinine and opium.

Give phosphate of soda to poorly nourished children who seem to be threatened with rachitis and continually pass clay-colored stools, ten grains four times daily.

Twenty grains of salicylate of sodium, repeated in two hours, will almost immediately relieve the headache and distressing symptoms of fullness in the head, from acute coryza, and is just as specific in acute supra-orbital pain, whether neuralgic, or from cold.

Twenty drops of fluid extract of hydrangea in a two-ounce mixture, a teaspoonful often repeated, will quickly stop the sharp, cutting pain in the passing of water, which often follows labor; and will relieve the same conditions in any case where there is no actual inflammation.

In pruritus pudendi, where the parts are dry and hot, the oil of cade, thoroughly applied twice or three times daily, is the remedy. If the itching is caused by an acrid leucorrhea, use an injection of fluid hydrastis, and apply to the parts a solution of borate of sodium which contains a few drops of the oil of pepper mint. If the parts are actively inflamed and swollen, enjoin quiet and have hot fomentations applied, followed by a solution of borate of sodium, twenty grains, and morphia sulphate, one grain to the ounce of water.

In collapse, especially following cholera, or a severe attack of cholera morbus, or prostrating diarrhea, prepare a saturated solution of gum camphor in absolute alcohol, and give ten drops on sugar every half hour until perfect reaction is secured.

Helonias dioica, in doses of two drops three or four times daily, is a specific for the dragging, pulling down sensation in the pelvic region experienced by many a woman at the menstrual period, or having been long on their feet. This sensation is common to women having uterine prolapsus.

Give thirty drops of fluid extract of polygonum punctatum, in hot water, four times daily in amenorrhea, for a week prior to the time for the appearance of the menses, and it will produce good results if the patient is well nourished, and is afflicted with no other prostrating disease.

In nephritis, following scarlet fever, santonine, one-half grain every two hours, alternated with one or two drops of tincture of belladonna, will soon restore the normal quantity of urine, and the albumen will rapidly disappear.—*Chicago Medical Times*.

HOW PRESIDENT DWIGHT PAID HIS DOCTOR.

FEW persons have the temerity to make public criticism of the action of colleges and universities in giving honorary degrees to whomsoever they please. It is generally assumed that these marks of approbation will be only bestowed upon men who have shown unusual ability in certain directions. In many cases, of course, the recipient of the degree is an individual of distinction, and it is just as much of an advantage for the college to be able to place his name upon its roll as for him to be able to write two or three additional capital letters after his name. But, on the other hand, in some instances the person whose vanity is tickled is a man of limited and doubtful reputation. The disinterested observer cannot suppress a feeling of surprise at the selection. If, however, he happens to learn the real reason for it he is still more surprised to know what narrow and selfish motives frequently influence bodies of men who are supposed to represent the highest development of intellectual culture.

Anyone who is interested in this subject will find food for thought in the fearless article on "Cheap Academic Titles," by Leonard Woolsey Bacon, in the June number of the *Forum*. Speaking of the abuses of the honorary title of LL.D., he says: "A recent illustration of this is furnished by one of our foremost universities, in which a member of the governing board felt indebted for professional services to a practitioner of homeopathy, who had given the public documentary proofs of his small learning and less wit. And the fellows of the university were impe-trated, as a personal favor to their colleague, to constitute the man of globules *doctor utriusque juris*."

Does the reader instinctively ask when and where this happened, and who was the officer of the university who was so eager to pay his bill for professional attendance with an honor-

ary degree? These questions are easily answered. The transaction described occurred so recently as June, 1888. This scandalous piece of business was not accomplished at some western State University, where political considerations, it might be imagined, would have some influence; but at ancient, orthodox, conservative Yale—the mother of statesmen, scientists, and scholars. The member of the governing board referred to was not one of the representatives of the alumni, who, if anyone, might be suspected of relaxing the recognized standard. It was—sad to relate—the Reverend Timothy Dwight, D.D., LL.D., president of the faculty and of the corporation.

When such things happen at Yale, what can be expected of smaller, younger, weaker colleges and universities?

A FEW NOTES ON CYPRIPIEDIUM.

OUT here at the antipodes, as in most other places, we have the usual type of cholera infantum and summer diarrhea, and having used the above remedy quite frequently for the past few years, a few notes may be of interest.

It seems to have a particular relation to that condition mentioned by Gooch and Marshall Hall, as “hydrocephaloid,” generally the result of long exhausting diarrhea, with the following symptoms: Face pinched and drawn; dark pallor of face, almost inclined to lividity; extremities cold; head generally hot; pulse rapid and weak; great prostration and thirst; vomiting and purging; eyes turned up, showing their whites, or squinting, sometimes ptosis of lids; diarrhea of various shades, odors and consistency.

What particular action the drug has on the intestinal irritation, is not known by me; but it certainly has a marked effect on the brain symptoms, and as these manifest improvement, there is also an abatement in the number of discharges. The following case may help to show the action of the drug:—

Grace S., aged four months, had been ill for eight days under allopathic treatment, and had been given up. When first seen was in a state of collapse; stools every quarter hour, putrid,

black and watery; good deal of straining; eyeballs turned up; no vomiting; pulse thready; extremities cold; very thirsty; constant moving of tongue against side of cheeks; occasional jerking of limbs; temperature 102° F.; apathæ; tongue red and irritable as if scalded. Prescribed *arsenicum album*, 6x pilules, two to be given every two hours. This had the effect of lessening the number of stools, but the brain symptoms remained unchanged. Then gave *cypripedium*, 3x pilules, one pilule every hour for four hours, then every two hours. Saw the child again in afternoon, about 5:30. Only three stools since 12 o'clock; body bathed in a warm perspiration; no jerking of limbs; appearance of eyes natural, save the pupils are rather contracted. Repeated the medicine, and on visit next morning the child seemed almost well; expression of face natural; only one stool, having slept quietly through the night.

Ellen H., aged ten months, has three teeth; two fresh ones nearly through. Stools, twelve in seven hours, greenish, frothy, with a good deal of straining and drawing-up of limbs, odor like rotten eggs; very peevish and irritable; milk thrown up curdled ten minutes after being given; constantly screaming; would drop off to sleep, and wake with a start, screaming; tongue coated white; thirsty. Prescribed *chamon*. 12x pilules, two to be taken every two hours. Saw child next morning; stools every ten minutes or quarter hour; watery, offensive, excoriating the parts; aggravated by taking food; face pinched and drawn; skin cold; pulse weak, 150-160 per minute; urine suppressed; limbs drawn up and fingers clenched; lower lip drawn in; eyeballs inclined to turn up; right pupil widely dilated; left normal, but ptosis of the lid; rolls her head from side to side. Prescribed *cyprip*. 3x pilules, two every two hours. Saw child eight hours later, stools had abated in frequency; child quieter; had two short naps; face looked fuller; pulse stronger; skin warm; had soaked napkin through with urine; expression of eyes more natural, though still inclined to turn up. Repeated medicine. Twenty-four hours later all brain symptoms had gone, and the child made a speedy convalescence on *calc. phos.* 6x.

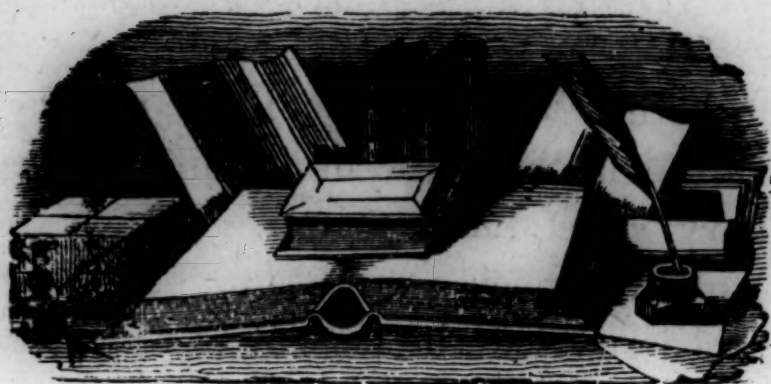
I should mention, in connection with this class of cases, that I

have been greatly assisted by using Murdock's Liquid Food, which I give according to the urgency of the case, five drops every ten minutes, quarter, or half hour.—*W. R. Ray, M. D., Melbourne, Australia, in N. E. M. Gazette.*

COMPOSITE.

THE hash lay on a plate;
"I am a thinking entity," it said,
"I'm lying here in state;
I am alive, although my parts are dead!"
It felt a sudden thrill;
Then rose a clamor shrill,—
"Oh, Whole, you're rash;
We parts are still ourselves, although in hash."
Murmured the Mutton: "Ah, how yellow were
The cowslips in the fields, how passing fair
Was all about when I, a merry lamb,
Began the life which led to where I am!"
Said the Potato: "Warm was the brown earth
Of the brown hill-side where I had my birth;
What joy of growth within my bosom welled,
How curled my tendrils, how my tubers swelled!"
And mused the Beef: "How green are Texas' plains;
With what a novel grandeur nature reigns;
What vast expanses; how our pulses stirred
As swept we onward in a mighty herd;
I see the flying steeds, the sudden dash!"
"Meo-ow!"
"Bow-wow!"
Said the rest of the hash.

—*Chicago Tribune.*



EDITORIAL.

Chaulmoogra Oil in Syphilis.—We have recently had several opportunities of testing this agent in syphilis, and have formed as a result a very high opinion of it.

Mr. C., of San Francisco, had been in the hands of a leading homeopathist for about three months for what appeared at first to be a case of gonorrhea, but which in a few weeks manifested unmistakable signs of secondary syphilis. There were copper-colored eruptions on the skin, mucous patches in the throat, fever, induration of the inguinal lymphatics, loss of strength, emaciation, headache, and sleepless nights. Though phimosis was present, an indurated spot upon the left side behind the corona glandis felt through the prepuce indicated the point of initial lesion. The pressure of the prepuce caused considerable local difficulty, owing to the "fiddling" plan of treatment which had been employed, that of attempting to remove the difficulty by injecting remedies backward under the tight foreskin.

After slitting the prepuce, thus removing the tension, the local symptoms improved speedily, but the woful state of the general health demanded immediate attention. The patient had slept but an hour or so a night for several weeks, had suffered with intense headache all the night through time and time again, and his system was evidently breaking down under the aggravated condition of affairs.

We have no faith in the iodides in such conditions as this. They add to the debility and can accomplish no real good except perhaps to satisfy the patient by the suppression of the eruption, as iodide of mercury sometimes will. Iodide of potassium, as usually employed, is impotent for good, and cannot afford even

apparent benefit here. Mercuric bichloride may have a place in minute doses in the later stages of syphilis, but not here, and even the ordinary vegetable alteratives of our older materia medica have no place in such a condition.

Jamaica dogwood enabled the patient to rest tolerably well at night, administered as follows.

R Sp. m. Jamaica dogwood, ℥i.
Glycerinum, q. s. ad. ℥ii.

M. Sig.—Take a teaspoonful every two hours, beginning at six o'clock in the evening and continuing until sleep follows.

But to lessen the fever and headache, banish the eruptions and mucous patches, soften the indurated lymphatics, and restore the general system from its anemic state, the following was prescribed, and not without avail.

R Tinct. oil gynocardia, ℥i.
Syrup stillingia, compound q. s. ad. ℥iv.

M. Sig.—Take a teaspoonful before each meal and one at bedtime.

Speedy improvement followed upon this prescription, and though the patient's hair fell out very badly afterward, all other symptoms became ameliorated. The anemia lost its marked character, the distressing headaches were banished, and the cutaneous eruptions became less prominent, while the wasted muscles rounded up again to something like a normal condition—all this within a few weeks after beginning treatment, and condition still improving.

Mr. W., after passing through the primary stage of syphilis, became subject to vegetations upon the prepuce, which threatened to soon disfigure the affected part beyond recognition. Nitric acid applications failed to make any satisfactory impression, until the administration of twenty drops of tincture of oil of chaulmoogra in water four times daily was begun, when soon after a rapid disappearance of the growth was remarked.

Mr. A. applied for treatment for syphilis early after the primary sore became manifest. The chancre was indolent, and hard at the base—Hunterian—and there were painless enlargement of the lymphatics and slight tumefaction of the fauces. Tincture of

Chaulmoogra oil was given for several weeks; no cutaneous eruptions, no appreciable fever, no headache, no emaciation. In fact, the patient has thus far passed through the secondary stage without the manifestation of any tell-tale symptoms except to the practiced eye. Meanwhile the inguinal lymphatics have softened considerably since the beginning of the remedy.

We believe it is the best known remedy to control the early onset, and lessen the gravity of later manifestations.

Pain in the Male Sexual Organs.—This is an ailment which is of frequent occurrence, and which usually taxes the ingenuity of the physician to the utmost. When once the prostate, testes, spermatic cords, or urethra, becomes the point of localized pain, the complaint is liable to assume chronicity.

Sometimes this pain is of a reflex character, as when a badly managed case of gonorrhea leaves a hyperesthetic state of the urethra and reflexes arise therefrom. Aching in the testes or prostate may hinge upon such cause. In such a case judicious galvanization of the urethra, with a proper electrode, and the internal administration of saw palmetto, will usually suffice to cure.

Another case may be due to prostatic irritation when the sabal serrulata will be all-sufficient, in fifteen or twenty-drop doses of the fluid extract three or four times daily.

Sometimes the lesion is rheumatic, as evidenced by frequent shifting of the pains and painful symptoms in the muscles generally. Here we may find phenacetin, caulophyllin 3x, cimicifuga, or pulsatilla to afford the most prompt relief.

Undoubtedly there are cases where the nutrition of the parts is at fault, and where a specific restorative, such as phosphorus, will more certainly relieve. In this case the pain will be in the testes almost exclusively.

A suspensory bandage is a wise provision in all these cases. It takes off the dragging and lessens the tendency of the pain to affect the spermatic cords. It often does much good and cannot do harm.

Of course there are many cases of pain in the testes as well as

other parts of the sexual organs which fall under the domain of surgery. A bad case of varicocele demands excision. Cysts may give rise, from pressure, to much suffering, and may require evacuation. Knowledge and common sense are requisite to the comprehension of all the requirements of a variety of cases of this kind.

Straining at a Gnat.—One of the leading old-school colleges on this coast must be responsible for some very loose business in spite of the great parade about superior requirements. It seems as though there is more pretense than earnest intent about requirements that are evaded and ignored when a few dollars will remove all objections.

A druggist not a thousand miles from 'Frisco took a crazy notion into his head to become an M. D.—one of the old-fashioned sort, and applied at the college (a "regular" institution) for matriculation papers. These issued he returned to his rural home and evenly pursued the tenor of his way, dispensing dye-stuffs, poor whisky (for that is what the druggists usually keep), etc., etc., from beginning to ending of the term, when tickets of attendance were issued him; at least if he visited the college more than twice during the term, he did not allow it to interfere with his regular business as a druggist.

The following year he concluded that a three years' course even of such a sort was too slow for him, and, armed with his tickets, he went East and graduated at a two-term college in fine style. And now he writes M. D. at the end of his name, and would not meet an Eclectic in consultation for the world.

Such is life in the wild, wild West.

One of the Objections against California Becoming a National Sanitarium.—In a pecuniary sense, the popularity of California as a health resort may accrue to its interest, for visiting invalids must add more or less to the amount of currency afloat within our borders, but in a biological sense we were better off if fewer consumptives drifted this way.

Upon this point Dr. G. G. Tyrell, secretary of the State Board of Health, remarks in his health circular for the month of September as follows :—

“ We have noticed with some apprehension the frequency with which consumption is mentioned in our reports, which might convey an erroneous impression that the disease was increasing in the State among the rising generation. That this, in a limited sense, is true cannot be denied, but is capable of satisfactory explanation when we take into consideration the fact that for some time past California has been extensively advertised in the Northern and Eastern States as the sanitarium of the world; its luscious fruits and semi-tropical verdure have been exhibited, and its ‘glorious climate’ so dilated upon that a perfect exodus of diseased humanity has been precipitated upon us. Thus we find sufferers from tuberculosis in all its stages lounging in our hotel corridors, crowding our health resorts, filling our churches and assemblies, and scattering the seeds of death with every mouthful of saliva they expectorate so promiscuously whenever they are gathered together. To this influx of immigrants with diseased lungs may we attribute the apparent increase of consumption in this State. The expositions upon our ‘glorious climate’ throughout the East has sent us an undesirable element in the population of any country. There is no longer any doubt of the contagiousness of consumption, or of the fallacy that cure resides in climate. The climate of many parts of California will no doubt prolong the life of many consumptives, and perhaps arrest the disease in a few, but until we can afford to build sanitariums for the isolation of this class of patients, or erect hotels and devise pleasure resorts for their exclusive use, our State is better off without these immigrants. They disseminate a disease which practically might be unknown under proper sanitary laws, increase our mortality returns, and lessen that high standard of health which the State is capable of attaining, from its unsurpassed climate, its geological formation, and its possibilities of presenting a temperature suitable to the climatic wants of any constitution which the system may demand for the better preservation of its perfect health.”

When the Good Time Coming Comes.—The following cheering assurance of a pleasant hereafter for Homeopaths gives us hope that Eclectics will not be entirely left out in the cold (or heat). It is reprinted from Buchanan's *Journal of Man*:—

"In a town in the northwestern part of Pennsylvania, there resides a medium who obtains writing in sealed envelopes. A physician residing in the same town, wrote the following and placed in his envelope, together with some blank sheets of paper, sealed it, and handed it to the medium, who after a time returned it intact:—

" 'Will some of my friends please communicate, and tell me of something that happened in earth life, and of which none but themselves and myself know? I am skeptical as regards Spiritualism, and desire a test through this medium.'

"To this letter the physician signed his name. The answer came as follows:—

" 'DEAR DOCTOR S: You will, no doubt, be somewhat surprised to hear from me in this manner. You would not have been at all surprised to have received a letter by mail from me through your post-office, but I am no longer in the flesh. I entered into spirit life on Friday, May 31st last. I was suddenly swallowed up by the flood; then, after a desperate and unequal struggle with the elements, I succumbed, and for a time I simply slept. When I awoke I was in a new country surrounded by spirits, and I myself had parted company with the body and was in the spirit land. The first spirit to greet me was the noble and immortal Hahnemann. He then introduced me to Dr. Moore and Dr. Hemple and Dr. Tessier, and a lot of other homeopaths gone before. I knew Dr. Hahnemann the moment I set eyes on him. I tell you it was a joyous meeting. I can tell you something that will, I think, surprise you not a little. We who were drowned, are much better off, much happier, than all those left behind. We are in a much better world than we left. While they are more miserable than ever, we are happier than ever, and only wish that they were here with us. Our happiness would be well nigh unalloyed but for the fact that many of our loved ones remain still on the earth to suffer yet for a while in durance vile. I see you are a little skeptical in regard to Spiritualism, so I will simply refresh your memory in regard to one or two events you will doubtless remember. Do you remember of calling me in consultation over the case of John Teglar's boy, and our not arriving until after the boy was dead? also your wanting to borrow a tongue-depressor of me, and I told you to use a teaspoon? also our talk about a certain form of ledger not being lawful?

DR. JOHN K. LEE,

" '(Per. A. Y. MOORE).'

" 'Two days after the great flood at Johnstown the above message was received. W. J. INNIS, in Celestial City.

"The above message was recognized as true."

Howe's Acid Solution of Iron.—This preparation has afforded satisfaction to numerous practitioners of our school in anemic conditions, especially when complicated with dyspeptic symptoms. Below we copy the formula from last year's volume of the *Eclectic Medical Journal*, that our readers may have it to refer to when necessary:—

R Water, Oj.
Nitric acid, fʒiv.

M. Sig.—Add ʒi of sulphate of iron, letting stand in an open mortar for 48 hours, and stirring occasionally with a glass rod. At last filter, then the medicine is ready for use. Dose: Two drops in water every three or four hours.

The medicine should be kept in a glass-stoppered vial and dispensed with a dropper.

Physicians who deal out their own packages of medicine and desire to see their patients every week or two may mix a fluidrachm of the iron in four ounces of simple syrup and direct that a teaspoonful be taken every three or four hours as may be desirable.

Therapeutic Folly in the Treatment of Chorea.—The frequently-appearing articles on the therapeutics of chorea manifest the folly of medical men in running after impossibilities.

The last number of the *California Homeopath* contains an article by the well-known author, S. Lilienthal, on the treatment of chorea in relation to eye symptoms, in which nineteen remedies are discussed with reference to their value and application in such cases. Some good may arise from such studies, but we are of the opinion that the student who enters into such a maze will come out more confused than edified.

We were prone once to ground our faith upon drugs in the treatment of chorea, but the grand, *infallible* effects of electricity in all recent cases—in all curable cases—has left nothing else to be desired. Eye symptoms as well as all concomitant disturbances, yield in common to this influence.

Basing treatment upon the pathology proposed by Dr. Ranney,

as referred to by Dr. S., the local application of the current to the eye offers merit enough to cover all characteristic symptoms.

The Way to Do It.—Dr. Ballard, in the October number of the California *Homeopath*, indulges in a plea for help from an admiring public to build a college and hospital for occupation by homeopaths. As one having gone through all such follies with eyes open and openly-expressed convictions upon the matter as regards the Eclectic school, the editor is in position to offer some advice.

There were those in our own school who expected, when the college was moved to San Francisco, that an open-mouthed, open-handed, admiring public would immediately furnish the funds to install us. There were others who believed that an eager public would buy stock as though we were a gold mine, and thus place us upon the pinnacle of success, in a few brief days after the market was opened. The writer always said, "Gentlemen, when we have a new college we will have to build it ourselves."

His proposition was treated slightly more than once, but all the same it forced itself, from sheer necessity, upon the minds of all, finally, and the result was an *earnest* effort, *i. e.*, an effort accompanied by coin, and now we have what we wanted.

We would say to our homeopathic neighbors, "If you want a new college and hospital, put your hands in your own pockets, go down deep, and you can have one. If you wait for an admiring public to build it for you, you will never be nearer it than you are now."

BENZOIC acid salve is said to be a cure for "weeping sinew."

OUR printer went to camp-meeting last month, consequently a very late issue of the JOURNAL.

DR. E. J. Overend, of Oakland, California (old school), read a paper upon caffeine in migraine before the Alameda County Medical Society (allopathic, old school, or regular), which was published in the *Pacific Medical and Surgical Journal*, and considered worthy of favorable comment by the *Philadelphia Medical News*.

MISCELLANY.

LIVER SPOTS.—*Tinea versicolor* yields to hyposulphite of sodium, one drachm to the ounce of water, applied locally.—*Physicians' and Surgeons' Investigator*.

SALIX NIGRA.—This remedy has been used with much success as a sexual sedative in the treatment of masturbation, excessive venery, spermatorrhea and ovarian disease. As a sexual sedative the fluid extract of the buds is considered the most efficient. Dose, $\frac{1}{4}$ to 1 fluidrachm, not miscible with water. As a general tonic and antiperiodic the fluid extract of the bark is employed with advantage. Parke, Davis & Co. make both these extracts, and will mail to the medical profession on demand working bulletin giving botanical description, medicinal activity, use and notes of cases.

FOR all plastic gynecological operations I use silk sutures prepared as follows: The ordinary braided silk is immersed five or six hours in wax containing six per cent of carbolic acid and six per cent of silicylic acid. The wax is kept all the time at a temperature high enough to liquefy it. This long immersion in the melted wax is necessary to thoroughly saturate the silk. When this is accomplished the silk is drawn through a carbolized sponge to remove any excess of the wax. It is then put on a reel, which is placed in a close-stoppered bottle and kept until required.—*Dr. Skene*.

SACCHARINE IN THE TREATMENT OF THRUSH.—The anti-fermentative action of saccharine suggested to Dr. Fourrier, of Compiègne, its use in the treatment of the frequent and troublesome affection due to the presence of the *oidium albicans*. He has tried it in ten cases of thrush following on measles, applying a solution of saccharine by means of a brush. In eight cases the milky patches disappeared in from twenty-four to thirty-six hours; in only two cases did they persist as long as three days, and the delay was then probably due to imperfect mopping out of the mouth. He made a solution of one part of saccharine in fifty of alcohol, and used a teaspoonful of this alcoholic solution in half a glass of water, applying it four or five times daily. He points out that a stronger solution is apt to prove irritating, and is therefore to be avoided.—*Medical Press and Circular*.

CARLYLE ON MEDICAL MEN.—In the recently published letters of Mrs. Carlyle there is a sentence in one of her husband's which it will be interesting to medical men to read. Coleridge, the

poet, worn down by intellectual strain and the pernicious habit of indulging in opium, well-nigh penniless, neglected by friends and former patrons, was received into the family of Mr. Gilman, No. 3, The Grove, Highgate, a medical practitioner of considerable local repute, in whose family he lived for eighteen years, and was much esteemed. "Poor Coleridge died on Friday," writes Carlyle; "he had been sick and decaying for years, was well waited on, and, one may hope, prepared to die. Carriages in long files, as I hear, were rushing all round Highgate when the old man lay near to die. Foolish carriages! not one of them would roll near him (except to splash him with their mud) while he lived; *had it not been for the noble-mindedness of Gilman the Highgate Apothecary, he might have died twenty years ago in a hospital or in a ditch.*" Distracted in mind, weakened in body, and impecunious—

"Oh who can tell what days, what nights he spent
Of tideless, waveless, sailless, shoreless woe!"

Estranged from former social enjoyments, and neglected by friends, he found in Mr. Gilman's family a haven of rest, such as Cowper the poet had found in the family of Dr. Cotton, at St. Albans, under similar circumstances. These instances tend to rivet the attention to the beneficence of the profession, and reflect what in a minor degree may be found in every district of the country. Medical men are thought to be hardened by the suffering their daily vocation obliges them to witness, but it is not so. Authors, artists, literary men of every kind and degree, widows, and orphans, as well as the poorer portions of the community, could tell how the practice of the medical profession tends, as Watson says, "to temper the feelings and touch the heart."—*Medical Age*.